STATE MEDICAID DUR BOARD MEETING

THURSDAY, November 9, 2006
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125

MINUTES

Board Members Present

Joseph Miner, M.D.
Lowry Bushnell, M.D.
Derek Christeinsen, R.Ph.
Colin B. VanOrman, M.D.
Wilhelm T. Lehmann, M.D.
Dominic DeRose, R.Ph.

Board Members Excused:

Charles Arena, M.D.
Karen Gunning, PharmD.
Bradford Hare, M.D.
Jeff Jones, R.Ph.
Bradley Pace, PA-C
Don Hawley, D.D.S.

Dept. of Health/Div. of Health Care Financing Staff Present:

Rae Dell Ashley, R.Ph.
Tim Morley, R.Ph.
Jennifer Zeleny, CPhT.
Sue Allgaier
Merelynn Berrett, R.N.
Richard Sorenson, R.N.

Other Individuals Present:

Barbara Boner, Novartis
David Brinkley, Lilly
Dave Garel, Lilly
Dyan Alexander, Astra-Zeneca
Sherri Wittwer, NAMI Utah
Doug Poulsen, BMS
Mack Giff, MHAU
Cap Ferry, LEC
Johnna Nelson, Lilly
Joan G. Salem, Lilly
Richard Shantean, VMH
Rori Clark, Medimmune
Troy Sampson, BMS
Dr. Lange
Jane Stephen, Allergan
Craig Boody, Lilly
Oscar Fullar, CMS
Sharon Kern, GSK
Fred Morse, BMS
Joseph Yau, VMH

Meeting conducted by: Lowry Bushnell

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1. Minutes for October 12, 2006 were reviewed, corrected, and approved.

2. Housekeeping: Tim Morley asked the members of the board if they will be available for the December 14, 2006 meeting, or if it needs to be cancelled due to the upcoming holidays. The board members that were present stated that they did not feel it was necessary to cancel the meeting, and that they will attend. The December meeting will be held.

3. Antifungal Therapy: Tim Morley addressed the board. He stated that very expensive medications are being used long-term for the treatment of onychomycosis. The studies that are available state that a treatment such as Lamisil, the current biggest Medicaid expenditure for onychomycosis, is generally indicated for 12-16 weeks. Medicaid feels that therapy should either not be covered or be covered for the limited time of 12-16 weeks. Therapies such as Lamisil have some safety considerations, including liver toxicity, when used long term.

   Dr. Miner addressed the board. Because onychomycosis can cause foot pain and ingrown toenails, Dr. Miner did feel that it was important to allow patients to have some access to the medication, even if it is restricted. He did agree that restriction to access would be beneficial, due to the side-effects and risks associated with Lamisil therapy. He felt that it would be reasonable to restrict therapy to 12-16 weeks per year, and suggested the board adopt the 16 week recommendation, since a patient could be doing well on therapy and really need that last month of therapy to completely cure the onychomycosis. Since recurrences of onychomycosis are common, he also suggested that the 16 week limit apply to one calendar year, so that a patient with a recurrence can initiate another course of therapy.

   The board generally felt that it was appropriate to put Lamisil on prior approval, and passed criteria restricting the use of Lamisil to 16 weeks per calendar year.

4. Antipsychotic Step Therapy: Tim Morley addressed the board. Medicaid wants to initiate a discussion with the board regarding ways to manage costs and safety issues with newer antipsychotics. It is not the intention of Medicaid to propose a policy that would restrict access of clients to any antipsychotics. Medicaid does, however, feel that it would be appropriate to develop an educational step therapy, in order to educate clinicians about a logical progression of treatment starting with safer and more cost-effective therapy.

   Dr. Bushnell expressed concern that an educational step therapy targeting physicians may not lead to changes in prescribing habits. He is concerned that younger physicians would not conform to any requests made by Medicaid, because they have not learned how to prescribe older antipsychotics. He feels that it would be beneficial for new clinicians to learn more about the off-patent medications, since this would create more treatment options for patients requiring anti-psychotic therapy. Dr. Bushnell also felt that the list of approved ICD-9's for atypical antipsychotics should be trimmed to reflect FDA indications.

   Dr. Yau of Valley Mental Health addressed the board. He shared the concern that access should not be restricted to clients. He felt that the psychiatric community needed to be educated about older antipsychotics, and the side-effects of newer antipsychotics that may not be immediately visible when treatment is started. Dr. Yau expressed an interest in having Medicaid make recommendations for curriculum changes in educational institutions, so that new clinicians feel comfortable prescribing older antipsychotics.

Dr. Shantean was concerned about Medicaid recommending older antipsychotics because he feels that they are not as safe. Dr. Bushnell pointed out that the newer drugs are not necessarily safer, since they have been associated with Metabolic Syndrome.

Dr. Lang addressed the board. He stated that there is a good deal of medical literature supporting the use of atypical antipsychotics in pediatric patients. The literature for older antipsychotics for pediatric patients is nonexistent. The only literature that does exist is for Haldol, which demonstrates a high rate of tardive dyskinesia in children. Atypical antipsychotics seem to be very safe in children, and do not demonstrate neurotoxic side-effects that children are susceptible to. Dr. Lang stated that if any restrictions are put in place, they should be on non-psychiatrists attempting to treat psychiatric disorders. Dr. Bushnell stated that he was aware of this consideration in pediatric patients, and that the Board would not place any restrictions on atypical antipsychotics for children.

Sherri Wittwer of NAMI Utah addressed the board. She stated that patients already have to go through trials of medications, which are frustrating and difficult, before they find a medication that works. She stated that it would be inappropriate to restrict access to any psychiatric medication. Dr. Bushnell stated that the board does not intend to restrict access.

Johnna Nelson with Lilly addressed the board. She wanted to add that it is important to ensure access to clients so that patients can have the "right drug for the right patient at the right time". She cautioned the Board that any restrictions in access to medication could lead to the shifting of costs to inpatient stays, more medical oversight for the patient, or suicide attempts. Dr. Bushnell stated that the board does not intend to restrict access, and that making recommendations to clinicians about cost, safety, and efficacy of all available medications is very unlikely to lead to a shifting of costs.

Dr. Bushnell asked Medicaid to prepare some educational material for the medical community and present it to the board at a future meeting. Tim Morley stated that Medicaid will prepare educational material and present it to the board at a future date.

5. Maintenance Drugs 90-day Supply: RaeDell Ashley addressed the board. Some states have allowed patients to receive 90-day supplies of low-cost maintenance medications. This would save the Medicaid two dispensing fees, and the client will save two co-pays. It will also save the client the trouble of going to the pharmacy every month. The board requested a list of medications that would be appropriate for 90-day supply. This will be provided at a future meeting.

6. Implanon: Tim Morley addressed the board. Implanon is an contraceptive implant that delivers birth control for three years. Because it must be implanted subdermally and removed by a physician, Medicaid recommends that Implanon be covered only through a physician's office, and not through the point of sale at the pharmacy. Implanon is a cost-effective alternative to oral contraception. The Board felt that Medicaid's proposed criteria for coverage were reasonable.

7. Xyrem: Tim Morley addressed the Board. Xyrem is the same as GHB, the date-rape drug, and has been brought to the market to treat narcolepsy and cataplexy associated with narcolepsy. It will be a Schedule III medication available through a specialty pharmacy only. Because of the abuse/misuse potential of the medication, Medicaid is requesting that the drug be put on prior approval.

   Dr. Bushnell wanted to defer discussion for 6 months until Xyrem had been on the market for a few months to see if it was causing any problems in the community due to abuse/misuse. He felt that it would be important to invite experts from sleep disorders clinics in the community to give their expert opinions on Xyrem.

Meeting adjourned

Next meeting set for December 14, 2006.

The DUR Board Prior Approval Sub-committee convened and considered 6 petitions. Drug histories were for 12 months unless otherwise noted.